TEAM NOMINATION FORM



Please answer all the questions and sign the bottom of this form

FACILITY NAME:					
SECTION 1: TEAM NAME AND CONTACT DETAILS				SECTION 2:	
THE TEAM CONTACT IS RESPONSIBLE FOR ALL COMMUNICATIONS				ACTIVITY REQUIRED	
NAME OF TEAM:				Ne	tball
CONTACT PERSON:		HOME PH:		Womens	
ADDRESS: MOBILE PH:				Mixed	
		WORK PH:		Daytime	
EMAIL ADDRESS:				Juniors	
ALTERNATIVE TEAM CONTACT: HOME PH:				Soccer	
NAME: MOBILE PH:				Mens	
SECTION 3: GRADE REQUIREMENTS				Womens	
1st Choice Grade / Age	Day (state actual day):			Mixed	
2nd Choice Grade / Age	Day (state actual day):			Juniors	
Any Special requirements:				Volleyball	
				Womens	
				Mixed	
SECTION 4: UNIFORM DETAILS AND	COLOUR/S			Juniors	
Colour of Tops:T-SHIRT SINGLET (circle one)				Bask	etball
Colour of Bottoms		SHORTS SKIRT (circle	e one)	Mens	
Style of Uniform: Colour of Bibs:				Womens	
SECTION 5: PREVIOUS HISTORY				Mixed	
Has your team played at this centre before: Yes / No (please circle one)				Juniors	
If yes, What season and team name?				Other	
If no, How did you find out about us?					
SECTION 6: TEAM PLAYERS				D -1-	£ 1. 1. 11.
Player Names	Add	ress	Telephone		of-birth rs only)
1			•		• ,
2					
3					
4					
5					
6					
7					
8					
9					
10					
DECLARATION: On behalf of the team name on this form, I declare that we will participate in all matches programmed for the duration of the season (including finals matches), undertake to honour any fines that may be imposed as a result of this team causing a match to be forfeited, and follow all rules, regulations & requirements of the competition and Centre. Nomination fee of \$ must accompany this form to be accepted					
DATE: SIGNATURE OF TEAM CONTACT:					
Office use: Nomination fee accepted by					
Amount paid:		Date paid:	Cash / EFTPOS / Credit		